

Exhibit G

Harrison County Adult Detention Center

George Payne, Sheriff

Use of Force Report

1) Date: 11.16.2005	2) Time: 2100 hrs	3) Location: Booking	4) Incident Number
5) Inmate's Name: MCBAY GARY		6) Date of Birth:	7) Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
8) Docket Number: 278873	9) Block: N/A	10) Section: N/A	11) Cell: N/A
12) Reason for use of Force: <input checked="" type="checkbox"/> Necessary to defend another officer <input type="checkbox"/> Necessary to defend another inmate <input checked="" type="checkbox"/> To prevent violent behavior <input type="checkbox"/> To restrain for inmate's safety <input type="checkbox"/> Other:			
13) Was inmate injured? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	14) Transported? <input type="checkbox"/> yes <input checked="" type="checkbox"/> No	15) Destination: N/A	16) Screened by medical? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17) # of inmates that resisted: 2	18) # of officers present: 2	19) Supervisor notified / time: SGT. MATHEWS 2115 Hrs	20) Notified supervisor's signature: SGT. MATHEWS 157
21) At the time of the incident, the inmate was: <input checked="" type="checkbox"/> Hostile Behavior <input checked="" type="checkbox"/> Suspected under the influence of alcohol / drugs <input type="checkbox"/> Mentally impaired <input type="checkbox"/> Other:			
22) Describe the inmate's injuries: FACIAL SWELLING, NOSE BLEED			
23) Levels of resistance: <input checked="" type="checkbox"/> Psychological Intimidation: Explain: (non-verbal cues indicating inmate's attitude or physical readiness) <input type="checkbox"/> Verbal-Non Compliance: Explain: INMATE VERBALLY REFUSED TO "PRESS OUT" / MADE VERBAL THREATS AGAINST COUNTY STAFF (verbal responses or threats of non-compliance to officer's directions) <input checked="" type="checkbox"/> Passive Resistance: Explain: WOULD NOT COMPLY WITH LOUD CLEAR VERBAL COMMANDS (dead weight or clinging to objects in an attempt to prevent the officer from gaining control) <input type="checkbox"/> Defensive Resistance: Explain: (pushing, pulling, or running away from the officer to avoid control; never attempting to harm the officer) <input checked="" type="checkbox"/> Active Aggression: Explain: GRABBED DEPUTY THOMPSON'S SHIRT AND PUNCHED HIM IN THE HEAD (physical actions of assault) <input type="checkbox"/> Aggravated Active Aggression: Explain: (assaults with a weapon)			
24) Levels of Control: (Officer Presence is Implied) <input checked="" type="checkbox"/> Verbal Direction: Explain: MCBAY WAS TOLD TO COMPLETE ACTIONS DURING PRESS OUT. (commands of direction) <input checked="" type="checkbox"/> Empty Hand Control (<input type="checkbox"/> Soft <input checked="" type="checkbox"/> Hard): Explain: CLOSED HAND STRIKES TO HEAD AND FACE <input type="checkbox"/> physical touch <input type="checkbox"/> joint locks <input type="checkbox"/> pressure points <input checked="" type="checkbox"/> hand strikes <input type="checkbox"/> leg strikes Body Part: HEAD & FACE Body Part: <input type="checkbox"/> Intermediate Weapons: (Chemical etc.): <input type="checkbox"/> Impact Weapons: (primary or alternative): <input type="checkbox"/> Lethal Force: specify: (Firearms or other lethal force employed):			
25) Reporting Officer No. 224 Name: THOMPSON	Division BOOKING	Reviewing supervisor: No. 157 Name: MATHEWS	Disposition Date: Page: 1 of 1

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Pressure Point Control Target Areas	Chemical Spray Target Area
Effects of Chemical Spray	
26) Was Spray Effective? Were Further Control Methods Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Times Sprayed: Approximate distance from subject:	
Eyes: Skin: <input type="checkbox"/> closure <input type="checkbox"/> tears <input type="checkbox"/> No effect <input type="checkbox"/> Redness <input type="checkbox"/> Burning <input type="checkbox"/> No effect	
Nose: Chest: <input type="checkbox"/> Discharge <input type="checkbox"/> Irritation <input type="checkbox"/> No effect <input type="checkbox"/> Coughing <input type="checkbox"/> Labored Breathing	
O.C. Spray administrative warning? Decontamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: Start Time: _____ End Time: _____	

P.P. ---Pressure point
 HEH---Hard empty hand
 I.W. ---Impact Weapon

Variables affecting levels of control

1. Officer / subject size and gender
2. Environmental conditions and totality of circumstances
3. Reaction time

This section to be completed by Medical staff only!

27) Injuries Sustained by officer:

☒ yes ☐ No

Explain: Officer was grabbed by inmate and hit several times in the head.

28) Injuries Sustained by Inmate:

☒ yes ☐ No Explain: Small superficial abrasion to back of head swollen bruised (C) eye.

29) Location of Examination: Booking

Time of Examination: 2:00

30) Examined by:

Staff Name: J. O. Wickham Jr. Badge #: _____

31) Medical treatment administered:

☒ Yes ☐ No

Explain: BP 130/88 P86 R16. I/m AAOX3 PERRLA

32) Signature of Physician: _____

33) Narrative:

I/m placed in shower to dress out I/m grabbed officer and hit him several times in the head. I/m has small superficial cut to back of head. Swollen and bruised (C) eye. PERRLA, AAOX3. No other injuries noticed at present time. — J. O. Wickham Jr. I/m stated when asked if his jaw was hurting I/m stated "No my jaw does not hurt."

34) Inmate Classification:

☐ Juvenile ☐ Minimum security ☐ Medium ☐ Maximum security ☐ Inmate worker

35) Reviewing Shift Lieutenant:

No. _____ Name: _____

Division: _____

36) Disposition:

☐ Closed ☐ Open ☐ Under review

Inmate file _____ Director of Corrections _____ Captain of Security _____ Inmate medical file _____ Shift Records _____ Officer file _____

<input type="checkbox"/> Juvenile Involved		NARRATIVE FORM		Case 1:07-cv-01205-LG-RHW Document 315-8 Filed 11/13/2009 Page 8 of 11			
<input checked="" type="checkbox"/> Original Report <input type="checkbox"/> Offense Supplement <input type="checkbox"/> Custody Supplement <input type="checkbox"/> Other		Type Incident: INFORMATIONAL Suspect/Victim Name: MCBAY, GARY # 278873		Date of This Repo: 11/06/2005 Date of Original Report: 11/06/2005			
		List Complaint Numbers of Connected Cases					
Status	Qty.	Article	Brand/Make	Model Name	Description	Serial No. or OAN	Value

ON NOVEMBER 6TH 2005, DEPUTY M. THOMPSON #224 WAS POSTED IN THE BOOKING DEPARTMENT FOR THE 1900 - 0700 HOURS SHIFT. AT APPROXIMATELY 2115 HOURS DEPUTY THOMPSON WAS PERFORMING THE DRESS OUT PROCEEDURE WITH NEW INMATE MCBAY, GARY H.C.A.D.C. DOCKET #278873. INMATE MCBAY APPEARED INTOXICATED BUT STILL ABLE TO FOLLOW VERBAL COMMANDS GIVEN BY DEPUTY THOMPSON. WHEN DEPUTY THOMPSON ASKED MCBAY TO REMOVE HIS (MCBAY) CLOTHING, MCBAY INDICATED THAT HE WOULD NOT "GET NAKED " AND TOOK AN AGGRESSIVE POSTURE TOWARDS DEPUTY THOMPSON WITH RAISED CLOSED FISTS. DEPUTY THOMPSON MOVED TOWARD MCBAY TO EMPLOY A SOFT EMPTY HAND CONTROL HOLD AND MCBAY THEN GRABBED DEPUTY THOMPSON BY THE SHIRT AND STRUCK DEPUTY THOMPSON APPROXIMATELY 2 TIMES ON THE SIDE OF THE HEAD WITH A CLOSED FIST. DURING THE ATTACK DEPUTY THOMPSON FELT HE WAS IN PHYSICAL DANGER AND RETURNED MULTIPLE BLOWS WITH CLOSED FISTS TO THE HEAD AND FACE AREA OF MCBAY. DEPUTY THOMPSON STOPPED ALL ACTIONS WHEN MCBAY LET GO OF HIS (THOMPSONS) SHIRT. DEPUTY THOMPSON REQUESTED MEDICAL EVALUATION VIA RADIO DUE TO MCBAY BLEEDING FROM THE NOSE AND FACIAL SWELLING. MEDICAL NURSE EVALUATED MCBAY AT APPROXIMATELY 2125 HOURS AND FOUND NO SERIOUS INJURIES TO HIS PERSON. MCBAY THEN COMPLIED WITH ALL FURTHER INSTRUCTIONS GIVEN BY DEPUTY THOMPSON AND COMPLETED THE DRESS OUT PROCESS WITH NO FURTHER INCIDENT. DEPUTY THOMPSON TOOK NO FUTHER ACTION IN THIS MATTER.

END OF NARRATIVE

DISPOSITION

- ☐ A. Cleared Adult Arrest
☐ B. Cleared Exceptional Adult
☐ C. Cleared Juvenile Custody
☐ D. Cleared Exceptional Juvenile
☐ E. Unfounded
☐ F. Other - Cleared Exceptional
☐ G. Suspended Closed

Reporting Officer:	Division	Reviewing Supervisor:	Disposition Date
No. 224 Name M. THOMPSON	BOOKING	No. Name	

DATE	TIME	
11/16/05	2100	Called to booking I/m stated ^{ERROR TO} hit officer. I/m has small superficial cut on the back of his head. I/m @ eye swollen and bruised. I/m denies denies any other injuries. I/m stated "I am OK." I/m is AAOX3, PERLA. I/m can move his jaw up and down, side to side without difficulty. Will place on Dr call next available visit. I/m was intoxicated and unable to sign consents at present time. Will follow up PRU. <i>Illegible signature</i>

INITIAL	SIGNATURE	INITIAL	SIGNATURE	INITIAL	SIGNATURE
SD	J. L. Davidson				
NAME - LAST FIRST MIDDLE ALLERGIES					
McHarg, Gary					
INMATE # 278783					

NURSE NOTES

